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From-Hogan &amp; Hartson LLP Los Angeles, Ca.

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T-829 P.001/012 F-997

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JUN 05 2006

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TO: U.S. Patent and Trademark Office  
Examiner: Michael V. Battaglia  
Art Unit: 2627

DATE: June 5, 2006

FROM: John P. Scherlacher

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TOTAL NO. OF PAGES, INCLUDING COVER:

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**MESSAGE:**

Patent Application No.: 10/080,994; Our Ref. 81784.0250

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter
- ☒ Amendment
- ☒ RCE

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

June 5, 2006

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Rhonda Hurt

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2627

CLIENT NUMBER: 81784.0250

ATTORNEY BILLING NUMBER: 1931

CONFIRMATION NUMBER: (Return fax to Rhonda Hurt)

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PAGE 1/12 \* RCVD AT 6/5/2006 4:17:56 PM (Eastern Daylight Time) \* SVR:USPTO-EFAXRF-3/20 \* DNIS:2738300 \* CSID:+2133376701 \* DURATION (mm:ss):03:56

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FORM PTO-1083

JUN 05 2006

Patent  
81784.0250

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Akira TSUKIHASHI, et al.

Serial No: 10/080,994

Filed: February 20, 2002

For: OPTICAL DISK RECORDING/REPRODUCING  
APPARATUS

Art Unit: 2627

Examiner: Michael V. Battaglia

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June 5, 2006

Date of Deposit

Rhonda Hurt

Name

*Rhonda Hurt* 06/05/2006  
Signature Date

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P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	6	-20	22	**	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	4	***	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$160	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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☒ Please charge the fee of \$790 to cover the RCE fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ A check in the amount of \$-0- to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

HOGAN &amp; HARTSON L.L.P.

By:

*John P. Scherlacher*  
John P. Scherlacher  
Registration No. 23,009  
Attorney for Applicant(s)

Date: June 5, 2006

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FORM PT-1083

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Date of Deposit

Rhonda Hurt

Name

*Rhonda Hurt* 06/05/2006  
Signature Date

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TOTAL							\$ 0

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Respectfully submitted

HOGAN & HARTSON L.L.P.

By:

*John P. Scherfacher*  
John P. Scherfacher  
Registration No. 23,009  
Attorney for Applicant(s)

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